

Dear Customer:

For your convenience, we accept Visa and Mastercard. Please co ID and return with your application if paying by credit card. Thank y	
I authorize the DFG to charge my license(s) to: Visa Mast	ercard TOTAL: \$ _ _ _ _ _ _
CARD#: _ _ _ _	EXPIRATION DATE:
	CVC Number (On back of credit card)
I agree to pay the total amount according to the card issuer agreem	nent.
SIGNATURE:	DATE:
PRINTNAME:	PHONE NUMBER ()
ADDRESS:	CITY/STATE/ZIP
	EC 4.4.20 (4.4.2)